

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2629

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1 01 E. DEATH 8 38 ID RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Apache</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Apache</u>				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>St. Johns, Ariz</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>7 1/2 Mo. 7 yrs</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>St. Johns</u>				
3 NAME OF DECEASED (TYPE OR PRINT)	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <u>Lee Wilhelm's Field</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Box 375</u>				
	3. NAME OF DECEASED A. (FIRST) <u>Stanley</u> B. (MIDDLE) <u>Le Roy</u> C. (LAST) <u>Waite</u>				4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>		
6 MARRIED NEVER MARRIED WIDOWED DIVORCED	7. DATE OF BIRTH MONTH <u>May</u> DAY <u>6</u> YEAR <u>1943</u>		8. AGE YEARS <u>7</u> MONTHS <u>11</u> DAYS <u>14</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Child - Student</u>		9B. SOCIAL SECURITY NO. <u>None</u>		
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY?		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>		
14A. FATHER'S NAME <u>Emmett Le Roy Waite</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Valera May Bigelow</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>				
	16. INFORMANT'S SIGNATURE <u>Emmett Le Roy Waite</u> ADDRESS <u>St. Johns Ariz</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 22nd 1951</u>				
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <u>Electrocution - Accidental</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT (SPECIFY) <u>Accidental</u>	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Farm</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>St. Johns, Apache, Ariz</u>						
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Apr. 22 1951 2:40 P.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Touched barbed wire fence that was shorted</u>				
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>4-22 1951</u> TO <u>4-22 1951</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>4-22 1951</u> AND THAT DEATH OCCURRED AT <u>2:40 P.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
23A. SIGNATURE <u>Newton B. McKnight, D.O.</u> (DEGREE OR TITLE)				23B. ADDRESS <u>St. Johns, Ariz</u>			23C. DATE SIGNED <u>4-23-51</u>		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Apr. 23, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>West Side Cemetery St. Johns</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>St. Johns, Apache, Ariz</u>			
25A. DATE REC'D BY LOCAL REG. <u>May 10, 1951</u>		25B. REGISTRAR'S SIGNATURE <u>Etta B. Heap</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>St. Helms & Gees</u> ADDRESS			27. EMBALMER'S SIGNATURE <u>By. Friends</u> CERT. NO.		